Work Experience Verification for Independent Practice

Practitioner: In order for a practitioner to qualify as a private independent addiction counselor, the practitioner must hold an active Licensed Addiction Counselor (LAC) credential with the BAPP and have completed a minimum of two years of qualifying supervised work experience in the field of addiction counseling.

All experience must be verified. Make a copy of this form for each agency where you completed qualifying supervised work experience. Complete the top section and submit the form to each agency that is verifying your supervised work experience. The work experience must be accrued after initial certification or licensure.

Practitioner's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Hone Phone: _____ Work Phone: _____

Initial Certification or Licensure Date: _____

PRACTITIONER STOP HERE

THE FOLLOWING MUST BE COMPLETED BY THE AGENCY

The practitioner listed above is applying to qualify as a private independent addiction counselor. Please verify the qualifying supervised work experience for this person and return this form directly to the Board of Addiction and Prevention Professionals (BAPP), 3101 West 41st Street, Suite 205, Sioux Falls, SD 57105.

☐ I verity that the practitioner was involved in direct service with clients who have a diagnosis of alcohol or other drug abuse or dependence. This experience included both direct and indirect activities related specific to the alcohol and drug counselor domains to include the Twelve Core Functions.

☐ I verify that the practitioner was supervised by a qualified Certified Addiction Counselor (CAC) or Licensed Addiction Counselor (LAC). Supervision must include a minimum of eight contact hours each month, with a minimum of one hour of supervision for every ten hours of client contact. **The work experience must be accrued after initial certification or licensure. Work experience under trainee recognition status does not qualify.**

Practitioner's total years of qualifying supervised work experience: _____

Practitioner's Dates of Employment – From: _____ To: _____

Was the experience Full Time: _____ Part Time: _____ Volunteer: _____

Practitioner's Job Title: _____

Signature of person completing this form: _____

Printed Name & Title: _____

Agency Name: _____

Agency Address: _____

City: _____ State: _____ Zip:_____

Agency Phone: _____ Date: _____

CONFIDENTIAL – DO NOT RETURN THIS FORM TO THE APPLICANT